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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	63479.0118
	First Inventor	Zaidi, S. Jauher A.
	Title	Unidirectional Bus Architecture for SoC Applications
	Express Mail Label No.	EU954423228

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>65</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>28</u>] 5. Oath or Declaration [Total Sheets <u>5</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Reader Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

<input checked="" type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: 09/565,282
Prior application information: Examiner <u>Myers, Paul R.</u> Art Unit: <u>2189</u>			
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 6b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 23309		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type) <u>Matthew J. Booth</u>		Registration No. (Attorney/Agent) <u>35,424</u>	
Signature <u>Matthew J. Booth</u>		Date <u>07/28/2003</u>	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

22313-1450
 10/68163
 07/28/03

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

Unidirectional Bus Architecture for SoC Applications

Application Number:

Date:

First Named Applicant: Mr. S. Jauher A. Zaidi

Attorney Docket Number: 63479.0118

TOTAL FEE AUTHORIZED \$1153

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	375	375
Subtotal For Basic Filing Fee: \$375			

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 52	32	2202	9	288
Independent Claims: 8	5	2201	42	210
Multiple Dependent Claims		2203	280	280
Subtotal For Extra Claims Fees: \$ 778				

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 110851

Access Code ****

Deposit name: Booth Wright LLP

Deposit authorized name: Matthew J. Booth

Signature: /Matthew J. Booth/

Date (YYYYMMDD): 2003-07-28

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.